

## HEA 91 "Family Caregiver" Implementation

*Effective July 1, 2011*



Wyoming Department of Health  
**BEHAVIORAL HEALTH DIVISION**  
Developmental Disabilities ☐

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## TRAINING AGENDA

1. Legislation and amendment summary
2. Relative Provider Requirements
3. Division Staff Responsibilities
4. Frequently Asked Questions

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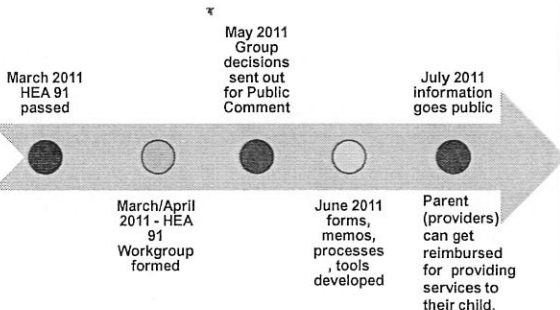
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## Implementation Timeline




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## 1. Summary of Legislation



payments to family caregivers

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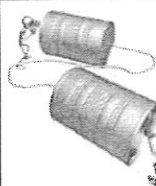
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### Getting the Message out!

A memorandum will go to Providers to inform them about the changes and new requirements.

- The Provider Manual – July 2011 Addendum will be sent as an attachment.
- The HEA 91 “relative Providers” webpage will be posted
- Information is discussed in Support Calls
- You! *Customer Service...*

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## Summary of Legislation

House Enrolled Act 91 (HEA 91) changed Medicaid rules to allow payment to family caregivers, specifically parents/stepparents (and legal guardians of minor children).

To provide billable services, parents have to be:

- A certified waiver provider
- and
- A Limited Liability Company or Corporation

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## Amendment Overview

- All relatives are now addressed.
- Service limitations in place, as appropriate.
- Systems to guard against conflicts of interest, inadvertent limits on participant choice, and potential fraud.
- The memo and documents are "policy" to supersede the Wyoming Medicaid rules regarding which did not allow payment to those caregivers.

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## 2. Relative Provider Requirements

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## Defining Relatives

- Relatives include a participant's parent(s), stepparent(s), sibling, aunt, uncle, grandparent, child age 18 and over of a waiver participant, first cousin, or step-family member.
- In order to receive reimbursement for providing services, the relative shall become:

A certified waiver provider  
or  
Hired as an employee of a provider  
or  
Hired through self-direction

- Parents/stepparents and guardians of minors have to also become an LLC or Corporation to serve their child

NOTE: A spouse of the participant, a legally appointed guardian of a participant age 18 and over, or an owner or officer of a provider organization serving their ward cannot receive reimbursement for providing waiver services.

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## Services Allowed

### Relatives may furnish the following services:

- Relatives (excluding parents/stepparents) may provide case management, support brokerage, respite, personal care, companion, residential habilitation; day habilitation; supported living, specialized equipment, community integrated employment, and environmental modifications.
- Parents/stepparents may provide personal care (all ages), residential habilitation; day habilitation; supported living, specialized equipment, case management (unpaid), and support brokerage (unpaid).

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Relative Provider Service Clarification Chart | 6/15/2011

The chart shows the waiver services that may be provided by a relative, either by the relative as a certified provider or employed by a provider or through self-direction. Parents/stepparents and guardians of minors who provide services as a certified provider shall also be a Limited Liability Company (LLC) or a corporation as specified by House Enrolled Act 91. As a reminder, not all services are available on each waiver or available to all ages of participants. Refer to the current service rate table for more information on services unique to each waiver and age. READ THE FOOTNOTES! They clarify the limitations for certain services provided by relatives.

WAIVER SERVICE	RELATIVE PROVIDER TYPE		
	Adults (18+) Community Care Waiver Child Welfare Waiver Respite Waiver	Parents/Stepparents Guardians of Minors Integrated Employment Respite Waiver	Minors (under 18) Child Welfare Waiver Respite Waiver
Case Management	X	X (unpaid)	X (unpaid)
Child Abuse/Neglect Services	X		
Community Integrated Employment	X		
Companion Services	X		
Day Habilitation	X	X	
Environmental Modifications	X	X	
Housework	X		
Independent Support Brokerage	X	X (unpaid)	X (unpaid)
Individual Clinical Consultations	X		
Personal Care	X	X	X
Physical, Speech, & Occupational Therapy	X	X	
Respite Services	X		
Respite Services (Travelling)	X		
Specialized Care	X		
Specialized Hearing	X		
Special Family Habilitation Services	X	X	
Specialized Equipment & Supplies	X		

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## Services Limitations

- For residential habilitation services, the parent/stepparent provider shall not live in the same residence as the participant receiving residential habilitation services.
- Personal care and Supported Living services reimbursed by the waiver to a relative provider cannot exceed four (4) hours per day per participant, if the provider lives in the same residence as the participant.

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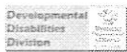
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## Extraordinary care cases

For a legally responsible individual (parent/guardian) of a minor to provide personal care, it can only be for **Extraordinary care cases only.**

- The participant's Adaptive Behavior Quotient is 0.35 or lower on the ICAP; and either b or c
- The participant needs assistance with ADLs exceeding the range of expected activities that a person would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age; or
- The participant requires care from a person with specialized medical skills relating to the participant's diagnosis or medical condition as determined appropriate by the participant's medical professional and the Division.



## FY2012 Waiver Service Definitions

WAVEL SERVICE	PAGE
Case Management	2
Independent Support Broker	4
Personal Care	5
Respite	6
Residential Habilitation	7
Day Habilitation	8
Special Family Habilitation Home	8
Community Integrated Employment	9
Agency with Choice	10
Child Habilitation Services	11
Companion Services	12
Unpaid Caregiver Training and Education	12
Individual Directed Goods and Services	12
Residential Habilitation Training	14
Homemaker	14
Supported Living	14
Skilled Nursing	15
Environmental Modifications	15
Specialized Equipment	15
Dietician Services	16
Cognitive Retraining	16
Speech Therapy	16
Occupational Therapy	16
Physical Therapy	16

This is a waiver service definition summary for the Adult Developmental Disabilities (DD), Child DD, and Acquired Brain Injury (ABI) Waivers.

This list of services and changes to existing services are effective JULY 1, 2011 for Fiscal Year 2012.

Significant changes are marked in red and underlined.

## Providers Requirements

- **Provider Manual - July 2011 Addendum** - All providers must read it to ensure they operate in accordance with the Division's requirements.
- **Relative Disclosure Form**- Each relative who provides services to a related waiver participant or intends to provide services are required submit a completed *Relative Disclosure and Safeguard Acknowledgment Form* by September 30, 2011 for current providers, as needed for new providers.  
(A **Relative Provider Conflict of Interest Checklist** is available on the website to help you determine if you or a provider or employee you know has a relationship with a participant that must be disclosed.)
- **Case Manager With A Conflict Of Interest** - If a case manager and another provider on the plan are both related to the participant, **then the participant has until December 31, 2011 to transition to a new provider to address the conflict.**

## Provider Manual

For Adult DD, Child DD, and ABI Waiver Providers

### July 2011 Addendum

Effective July 15, 2011

#### IMPLEMENTATION OF HEA 91

In March 2011, the 2011 Wyoming Legislative Session passed House Enrolled Act 91 (HEA 91), which changed Medicaid rules to allow payment to family caregivers who become certified providers and a Limited Liability Company or Corporation through the Medicaid HCBS waivers. The Behavioral Health Division - Developmental Disabilities (Division) has always allowed some relatives/family caregivers to receive reimbursement, such as a participant's siblings, aunts, uncles, and grandparents, if they became certified Medicaid Waiver Providers, or were employed by providers. Due to the passage of HEA 91, the Division amended the Adult Developmental Disabilities (DD), Child DD, and Acquired Brain Injury waivers to now allow parents/step-parents (and legal guardians of minor children) to receive reimbursement for specific waiver services as well.

**ALL PROVIDERS SHALL READ THIS ADDENDUM AND COMPLETE THE NECESSARY STEPS IF YOU ARE SERVING A PARTICIPANT RELATED TO YOU OR EMPLOYING SOMEONE TO PROVIDE SERVICES TO THEIR RELATIVE.**

### RELATIVE PROVIDER CONFLICT OF INTEREST CHECKLIST

After July 1, 2011, providers and employees of providers or self-directed employees shall disclose if they provide services to a related waiver participant and shall comply with certain safeguards and requirements as outlined by the Division. The following questions will help you determine if your relationship with a waiver participant gives you a conflict of interest that requires further action.

Answer yes or no, then read the answer below in regard to addressing the conflict of interest.

1. Are you a relative (i.e. sibling, aunt, uncle, parent, guardian, grandparent, step-family member, child age 18+ of a waiver participant, or a cousin) providing waiver services to a participant, either as a certified provider, an employee of a certified provider, or as a self-directed employee? ☐ YES ☐ NO

If yes, then you must fill out the RELATIVE DISCLOSURE AND SAFEGUARD ACKNOWLEDGEMENT FORM in conjunction with the participant's case manager. The Case Manager submits the form to the Division, who will keep it on file with your provider organization and/or the participant's file.

If No, you do not need to do anything new.

2. Are you a Case Manager related to a waiver participant on your caseload? ☐ YES ☐ NO

If yes, then you cannot provide other services or employ people to provide other services to the participant on the plan of care. The Relative Disclosure Form must be filled out. Also, parents/step-parents cannot receive reimbursement for providing case management.

If No, you do not need to do anything new.

3. Does the Participant have a relative as a case manager and a relative as a provider of another service on the plan (i.e. the case manager is the participant's sister and the respite provider is the participant's grandma)? ☐ YES ☐ NO



### 3. Division Staff Responsibilities

RELATIVE DISCLOSURE AND SAFEGUARDS ACKNOWLEDGEMENT FORM

**RELATIVE PROVIDER DISCLOSURE REQUIREMENT**

Due to changes in the waiver's July 2011, House of Representatives Act 51, each relative or legal guardian who provides services to a relative waiver participant intends to provide services are required to disclose the relationship and acknowledge and address the safeguards. The Behavior Health Services – Developmental Disabilities (BHD DD) Case Manager or guardian providing services must complete this form by August 30, 2011.

Participants have until December 31, 2013 to transition from a provider to a case manager and another provider on the plan are related to the participant (i.e. parent, grandparent, etc.). If a case manager is also his/her spouse, he/she must be his/her spouse. If a guardian of a participant age 18+ is providing direct services, he/she is an officer or provider agency serving their ward, they must disclose the relationship and can no longer receive reimbursement for serving their ward. More information on this requirement can be found in the Division Memorandum on August 31, 2011.

**FORM INSTRUCTIONS**

This form shall be filled out by each relative providing services to a waiver participant, either as a certified Waiver Provider, an employee of a Provider, or a self-directed employee.

One form is needed per relative, per participant! The form is to be reviewed, completed, and signed by the provider, the participant's case manager, and the participant and guardian, if applicable.

**Section 1. RELATIVE DISCLOSURE INFORMATION**

Participant Name:	Participant Birthdate:	Plan Start Date:	Waiver:
Relative Name:	Provider Agency Name:	Case Manager Full Name & Organization Name:	

1. Are you providing services to a participant who is related to you? If yes, mark how you are related:  
☐ parent/stepparent\* ☐ legally appointed guardian\*\*\* ☐ sibling ☐ aunt ☐ uncle  
☐ grandparent ☐ step-family ☐ child age 18+ of a waiver participant ☐ 1st cousin ☐ Other: \_\_\_\_\_

\*Parent/stepparents and Guardians of minors who provide services as a certified provider are also for a Limited Liability Company (LLC) or a corporation as specified by House of Representatives Act 51.

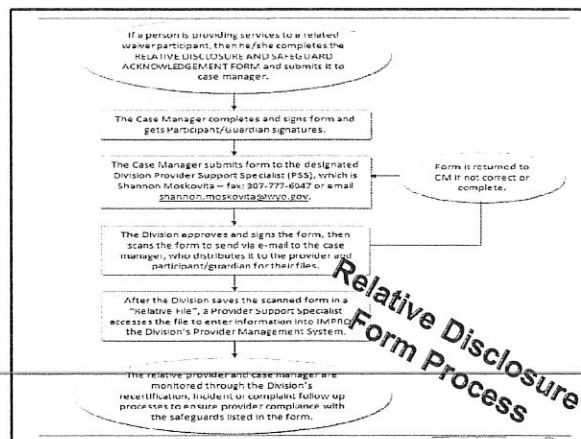
\*\*\*Legally appointed Guardians of adult participants ages 18+ may not receive reimbursement for providing services.

2. Do you live in the same residence/same address as the participant? ☐ YES ☐ NO

3. Are you employed by or provide services through self-direction by the related participant? ☐ YES ☐ NO

4. Are you employed by a Waiver Provider to provide services to the related participant? ☐ YES ☐ NO

5. Mark each service you will provide as a relative (see waiver notes for limitations):



Relative Provider Disclosure Checklist

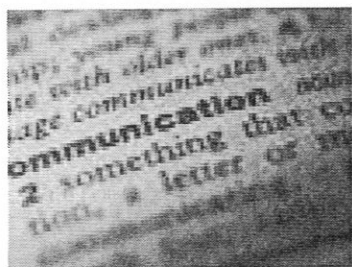
#	Case Manager and Provider Process Task List	Date Completed
1	The RELATIVE DISCLOSURE AND SAFEGUARDS ACKNOWLEDGEMENT FORM is completed by the person providing waiver services, who is related to a waiver participant. The relative submits the form to the Case manager.	
2	The Case Manager reviews and signs the form and gets the needed signatures from the participant / guardian.	
3	The Case Manager submits form to the designated Division Provider Support Specialist (PSS), which is Shannon Moskovita – fax: 307-777-6047 or email shannon.moskovita@wyo.gov. (Makes any corrections needed & resubmits.)	
4	The Provider Support Specialist sends the signed form in a secure email to the case manager to distribute to the relative and participant/guardian to retain in their files.	
5	Division step only - After the Provider Support Staff approves the form, he/she scans it and saves an electronic copy in a "Relative File".	
6	Division step only - A Provider Support Specialist accesses the electronic form and enters the information into IMPROV. This information remains on the Provider's electronic Certification File.	
7	Division step only - The relative provider and case manager are monitored through the Division's recertification, incident or complaint follow up processes to ensure provider compliance with the safeguards listed in the form.	

	A	B	C	D	E	F	G	H	I
1	Date form received	Participant name	Waiver	Relative provider name	Relative organization	Case Manager name	Case Management Organization	Case Manager also related?	For submission
2	01/15/2011	John Smith	Yes	John Smith	John Smith	John Smith	John Smith	Yes	
3									
4									
5									
6									
7		Form submitted correctly?	Form Needed Correction?	Participant needs transition?	Which Division staff notified?	Entered Into IMPROV?	Comments / Problems?		
8									
9									
10		Yes	No	Yes	Region 100000	Yes	Confused on next step		
11									
12									

## Tracking the Relative Disclosures

### Division Monitoring

- Use existing processes for recertifications, incident and complaint follow up, and Quality Improvement Plans.
- If provider's don't disclose, we will review the situation and follow up on a case by case basis
- Consultation and education will be the goal during the first 6 months to a year of implementation



### 4. Frequently Asked Questions



### Point Staff for Questions

- The memorandum, tools, forms, and Frequently Asked Questions regarding the implementation of HEA 91 and the waiver amendments visit the Division's HEA 91 Relative Provider webpage at <http://www.health.wyo.gov/ddd/divisionindex.html>.
- For questions on the legislation or the waiver amendments, providers or relatives may contact Jamie Staunton at the Division at [Jamie.staunton@wyo.gov](mailto:Jamie.staunton@wyo.gov) or 307-777-5660.
- For questions regarding provider certification, contact the local Provider Support Specialist.
- For questions regarding a specific participant, contact your Participant Support Specialist.

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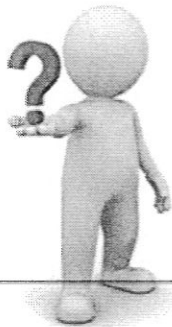
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### YOUR QUESTIONS




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